
Adult Environmental Emergencies: Heat Emergencies

I. All Provider Levels

1. Refer to the Patient Care Protocol.
2. If heat exhaustion or cramps are suspected
 - A. Move patient to a cool environment.
 - i. Obtain patient temperature
 - B. Place the patient in position of comfort. If evidence of poor perfusion is present place the patient in shock position.
 - C. 100% oxygen via NRB in cases of shock or altered mental status. If respiratory effort is inadequate assist ventilations utilizing BVM with 100% oxygen.
 - D. Remove clothing as practical.
 - E. Do not massage cramping muscles.
3. If heat stroke is suspected
 - A. Move patient to a cool environment.
 - i. Obtain patient temperature
 - B. Provide 100% oxygen via NRB.
 - i. If respiratory effort is inadequate assist ventilations utilizing BVM with 100% oxygen.
 - C. Initiate advanced airway management with Combi-tube if respiratory effort is inadequate.



Note Well: EMT-I and EMT-P should use ET intubation.

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I. All Provider Levels (continued)

- D. Perform immediate aggressive cooling (remove as much clothing as possible and consider fanning, cold packs under axilla, at groin and around neck, cool wet sheet).
 - E. Place the patient in position of comfort. If evidence of poor perfusion is present place the patient in shock position if no evidence of trauma.
4. Establish an IV of Normal Saline KVO in cases of heat stroke or heat exhaustion with altered mental status and/or signs of shock.



Note Well: *An ALS Unit Does Not have to be en route or on scene.*

- A. Administer 250 cc bolus, reassess patient
- B. If patient remains hypotensive, continue boluses to a total of 1000 cc



II. Advanced Life Support Providers

1. Attach EKG and interpret rhythm in cases of heat stroke or heat exhaustion with altered mental status and/or signs of shock.



Note Well: *If seizure activity develops, proceed to Seizure Protocol (D6) and Medical Control Options .*



III. Transport Decision

1. Transport to the closest appropriate open facility.